

RAY (1.)

# SOCIAL SCIENCE ASSOCIATION

OF

PHILADELPHIA.

PAPERS OF 1873.

WHAT SHALL PHILADELPHIA DO FOR ITS  
PAUPERS?

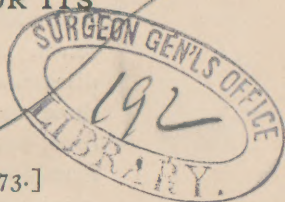
READ MARCH 27, 1873.

BY DR. ISAAC RAY.

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TO provide public support for its poor—those who are unable to support themselves—is now generally recognized as an imperative duty of society. How best to discharge this duty so as to accomplish the greatest amount of good with the smallest amount of harm, has become one of the most interesting questions in social science. It is not my purpose now to discuss the general subject of pauperism. My paper will be confined to the narrower sweep of pauperism as it is provided for in this city, for the purpose of showing how far this provision accomplishes its objects under the requirements of a wise economy and an enlightened humanity. Our paupers are the wards of the city, and it is incumbent on every citizen to know whether they receive that care which the public sentiment of our time regards as a matter of right.

In providing for the support and care of its paupers, every community is bound to see that certain requisites are kept in view, viz., these—the burden upon the tax-payers must be rendered as light as possible by a judicious expenditure of money; the mode adopted must furnish no encouragement to pauperism; and, lastly, it must furnish relief in the most efficient and humane manner,



thus ensuring, where it is possible, a return at the earliest moment of the power of self-support. Let us see now to what extent these requisites are obtained by Philadelphia in the means it has provided for the care and relief of its pauper classes.

In a continuous pile of buildings, just across the Schuylkill, it has gathered them together, from 3,600 to 4,000 in number, varying with the season, and constituting one seething mass of infirmity, disease, vice and insanity. To understand the merits of the questions we are to consider, it will be necessary to indicate particularly the different elements which make up this heterogeneous mass of humanity.

In the first place, we have those who, in consequence of misfortune, or sickness, or innate shiftlessness, or feebleness resulting from vicious indulgences, have become unable to support themselves. Secondly, we have those who are laboring under actual disease, and become inmates of the hospital. Thirdly, we have those who are both paupers and insane. Fourthly, we have children, some without parents, some deserted by parents, and some foundlings. On last New Year's day the first class numbered about 1,716; the second, 1,025; the third 895; and the fourth 104.

In regard to the first requisite in any system of public support, that of rigid economy, or, more properly speaking, of a small expenditure, certainly no fault can be found with the Philadelphia almshouse. For the year 1872 the average cost was \$1.77 per person per week.

Now, after allowing the broadest margin for the results of superior frugality, honesty and skill, the cost of supporting our paupers seems at first sight far below what might have been expected. For the pauper proper, whose only misfortune it is to be desperately poor, and who is supposed to require only shelter with such and so much food as will keep soul and body together, the figure may not be regarded as remarkably low. But when we consider the large amount of attendance, nursing, medicines and extra diets required for all the other classes, it is difficult to see how the average cost can be much less than that of the most frugal living compatible with health, out of a poor-house. Suspicion arises, at first thought, that economy has been carried too far for the best interests of all concerned. What foundation there is for this suspicion will appear on a closer examination of the



condition of the several departments of the institution. Our attention will first be directed to that of the insane department.

The great advance that has been made of late years in the care of the insane—an advance which we owe to the progress of science and philanthropy—is now manifested in certain principles of management which may be regarded as established. No community can disregard them without incurring the censure of being careless of one of its most sacred duties. In order to cure the curable and insure a reasonable amount of comfort to the incurable, we are bound to provide for them pure air, ample room, proper food, occupation and medication suitable to their condition, and exemption from needless annoyance and exposure. How far the first two requisites—air and room—have been provided in the buildings occupied by the insane at the almshouse, a few facts will show. The space occupied by these patients and their attendants, while within doors, is not, I may safely say, more than half of what is declared by competent authorities to be the lowest limit compatible with the hygienic conditions of a hospital. An accurate calculation, for which I have not the requisite figures at present, would probably show that one-third of the proper space would come nearer the truth than one-half. Most of the lodging-rooms are six feet by ten, and are occupied at night generally by two, and frequently by three, persons. The rest of the patients are disposed of in large dormitories containing about thirty beds, with a few more placed directly on the floor. Of course these patients disturb one another, as persons less excitable would, and for many, sound, regular sleep is out of the question. With those in the single rooms the case is still worse, for they not only breathe a highly vitiated air, but they are in danger from the destructive propensities of one another. If homicide is not committed every night in the year, it certainly is not for lack of fitting occasion and opportunity. Twice within the last few months it was prevented by the merest accident. Now, it is well understood by medical men that if there is one bodily condition more restorative in mental diseases than another, it is sleep, and here we see how it is provided for at the Blockley.

This crowded condition is accompanied by another very serious evil. It is well known that nothing contributes more to the peace, quiet and good nature of the insane than ample scope and

range of movement, and that huddling them together in close proximity produces constant excitement, noise, quarreling and collision utterly preventive of recovery or comfort.

The evils of this crowded condition became so obvious that the municipal government ordered the erection of two more buildings capable of lodging in a proper way 144 patients. They were opened about two years ago, but as the annual increase of patients, during the last five or six years, has been about 77, the relative capacity of the institution is no larger than it was when his addition was made.

In regard to another of the above-named requisites in the management of a hospital for the insane, viz., means of occupation, the deficiency could scarcely be greater, while its ordinary consequences are rendered all the more deplorable by the crowded state of the house. There can be few more pitiable spectacles than that witnessed there every day, of hundreds of men overcharged with nervous excitement, whose restless movements are confined to the limits of a narrow hall, and of as many more, silent and depressed, crouching down in corners and by-places—all of them worrying one another, and speedily losing from sheer inaction whatever of mind their disease may have left. If there is anything well settled in regard to the management of the insane, it is the paramount importance of occupation, the restorative effect of which surpasses that of any other agency, or, I might safely say, of all other agencies together. In every hospital in France, Germany and Great Britain, every patient is employed who has the slightest inclination for employment, while those who are listless and indifferent and self-absorbed, become interested in what is passing around them, and are more easily lured into some active and healthful exercise of mind. On the ample farm or in the numerous workshops, every patient is employed except such as are prostrated by sickness or deprived of all self-control by the violence of mental excitement. In this country the employment most favored is that of farming and gardening, because it is that which requires the least preparatory training and has the advantage which all out-of-door employment has over that which is pursued within doors. In this part of the country it has the additional merit of being the most profitable pecuniarily. Accordingly, no hospital has been erected here of late years without a



considerable quantity of land attached to it—not one, if I recollect aright, with less than one acre to every male patient. Our duty to the insane committed to our charge will not be performed in the manner required by the advanced sentiment of our time, without giving them the means of agricultural employment; and that implies a removal of the hospital some ten or twelve miles into the country, and a farm of at least 400 acres.

Again, the close proximity of our hospital to a large city exposes the patients to the interference of a multitude of people who, as loafers, idlers, or sight-seers, are always ready to bestow their leisure upon others. They take up the time of the employés, they give to the patients what they ought not to have, such as money, tobacco, matches; they tell them what they ought not to hear, such as news about their domestic affairs; and make remarks about patients which reach their friends and cause anxiety and distress. Some, bent on a higher degree of iniquity, break into the building, through doors or windows.

Another reason for removal is that the present association of the insane with paupers is attended with no benefit to either class, but with much discomfort and trouble to both. We have no right to subject the respectable poor to the constant spectacle of misery more deplorable than their own, nor ought the misfortune of being insane to draw upon any one the pains and penalties of pauperism. There are many insane in this community, whose friends, unable to pay the high prices of the corporate hospitals, would gladly avail themselves of the privileges of our hospital, and pay according to their means, if it could be done without virtually acknowledging themselves to be paupers.

I might mention other evils incident to our present method of caring for the insane, but my limits oblige me to hasten to another part of the subject.

The paupers proper are subjected to the same kind of interference from outsiders, that the insane are, adding much to the difficulty incident to their care under the most favorable circumstances. But the principal evil is the unavoidable idleness arising from the lack of suitable means of employment. True, some are employed in manufactures; such as making shoes, weaving cloth, making tin and wooden ware, accomplishing some iron-work and plumbing, but there still remains a considerable number who are

unfitted for any handicraft, but who might do good service on the land. Besides, all this work, except that which is done in repairs, is unprofitable, costing for the most part nearly if not quite as much as it would to buy the articles in the market. It is supposed, I know, that the House of Correction now building will make large drafts upon the almshouse, and probably it will, but it is difficult to see how that will remove the evil we complain of. Those who are idle here because ignorant of any skilled work, and incapable of learning, would be idle there, for the same reason, so that nothing would be gained economically by separating them from the general mass of paupers.

For the various reasons mentioned, I regard it as necessary to the best interests of all concerned that this department of the almshouse, as well as the insane, should be separated from the others, and placed in the country, within an easy distance of the city, with plenty of land to till.

Among the various departments of the almshouse is the general hospital for the subjects of bodily illness. The number of patients at this time is about one thousand. The medical staff, unexceptionally, is composed of men eminently qualified for their duties, by their skill, zeal and fidelity. The city hospital in such a community as this, should be second to no other in the country, in its power to promote the comfort and restoration of its patients. It should be an establishment which, in all its appointments and appliances, should be a model worthy of imitation, and an object of honest pride to the city. Such, however, is not the fact. The institution does not, by any means, fulfill in the highest degree the proper purposes of a hospital, and is not one which we may be fond of showing to visitors acquainted with the hospitals of other cities. I have time to indicate only very briefly its principal defects.

First and foremost is its crowded condition. With a capacity for about five hundred patients, it now has under care nearly one thousand. Not only are beds placed as closely as possible along the sides of the wards, but a large proportion of the patients lie on beds laid about on the floor in every available corner. There can be no surer way of making well people sick than that of crowding them together in their sleeping-rooms at night. For a still stronger reason such arrangements must be followed by simi-



lar effects when applied to the sick, and our hospital furnishes no exception to the general rule, and the evil thus produced is not alleviated by any of those contrivances for frequently changing the air, such as steam-coils, or fires in the air-flues, or fans. Hot-air furnaces furnish the only artificial ventilation; and, when they are not in use, the only dependence is on the doors and windows; and when these are closed at night, as they must be most of the time, the same air is repeatedly breathed by the patients. It needs no stretch of wisdom to see that such a state of things—crowded dormitories, and no artificial ventilation—must be a serious drawback on the curative influences of the hospital. It is well understood by medical men that the sanitary condition of a hospital is affected by the state of the air within the wards, more than by any other agency, and it is only folly to prepare for every other requirement and leave the air to take care of itself. I would not have it understood that the air of the Blockley Hospital is less pure than it might be expected in the absence of any artificial ventilation, because, considering the means used, it is uncommonly free from impurity. Still, we cannot ignore the evidence of its presence, in some degree. There, as everywhere else, bad air impairs the vital energies of the sick, thus thwarting the restorative influence of other measures, and depriving the system of that conservative power which is especially required after surgical operations.

Another adverse circumstance is found in the condition of the floors, walls and ceilings. The floors, badly laid in the first place, have been steadily suffering a process of deterioration, which now appears in the shape of holes, knots, splinters, and wide cracks necessarily filled with dirt, and sending out noxious exhalations after every washing. The walls, originally rough, have not been deprived by annual whitewashings of their power to retain effluvia full of the latent germs of disease. However trivial these things may seem at first sight, no thinking person connected with hospitals will deny the fact of their immense influence upon the hygienic state of the house.

Another adverse circumstance is indicated by the character of the nursing, which is performed chiefly by discharged patients who are ostensibly restored, but who are hardly adequate to any steady employment, and are willing for little or no pay to help in

the wards. By means of a few good nurses they are made as efficient as any people can be who are poorly compensated, and who feel only a corresponding degree of responsibility. If any service under the sun requires, in the highest degree, vigor of body and soundness of mind, it is that of attending upon the sick. No hospital can achieve the highest measure of success, whose attendants are not well paid, and in possession of all the strength and elasticity which only good health can supply. I ought to state that this kind of service is the result of economical considerations proceeding from the natural principle of saving the public from each and every expense that can possibly be dispensed with. I have no fault to find with the motive, but I doubt if the public are not, in the long run, actual losers by the arrangement.

From this same mistaken but imperative economy, very little has been done toward producing those mental influences so favorable to the recovery of the sick. Very often it is not so much the pills or the potions which the patient takes that determine the result of the case, as it is the feelings and thoughts that he entertains. Especially is this so with the victim of chronic disease. His own troubles, which are bad enough, are not likely to be lightened by the constant sight of others as wretched as himself, and, as a matter of course, he becomes despondent and little cares whether he lives or dies. This is the great obstacle which the hospital physician is obliged to encounter, and which is sufficient very often to thwart his most skillful efforts to effect recovery. He knows that whatever tends to draw his patient's thoughts off from himself, to suggest cheerful reflections, to excite a healthy interest in matters foreign to himself and his surroundings, it is one of the legitimate functions of a hospital to provide. Pictures on the walls, flowers in their season on the tables, books and newspapers without stint, the means of playing at popular games—all have a restorative influence, and no hospital that lacks them can claim to be considered as fully prepared for its allotted work. The reproach of such imperfection our hospital must bear, for it has scarcely any of those things.

Last, but not least, is that great crowning evil which, sooner or later, blasts all hospitals which have not met the deteriorating effects of long-continued use by an increasing process of repairs and improvements. It is a curious fact, but none the less true,



that there is in all hospitals a tendency to produce an atmospheric condition within their walls, exceedingly adverse to the restoration of health, and especially to those conservative efforts of the constitution necessary to recovery after surgical operations. Of all places in the world, a hospital should be that in which the sick should find the most chances for relief, and yet not unfrequently it presents the least. In this particular, the Philadelphia hospital is remarkably faulty. Patients do not readily recover after severe operations, the mortality on such occasions being exceedingly large. Indeed, not unfrequently the surgeons refrain from operating on that account, even though the patient may be suffering under a mortal disease, sure to destroy life if no operation is performed. At the earnest, I might say, the peremptory solicitation of the surgeons, an appropriation of \$5,000 has been made this year, for a building outside the almshouse walls, for this class of cases. Of course it can be only a make-shift unworthy of the honor of the city, but it will be the means of saving many lives.

In the plan I propose for the disposal of the different classes of subjects at the almshouse, the sick are to remain where they are. A hospital like this is a necessity of a large city, and though, like the other departments, it suffers somewhat from this proximity, yet this evil is more than balanced by unquestionable advantages. One is that it is easy of access, and this is an indispensable requisite of such an institution. Speedy and easy transportation is required for the safety of the patients, whose ailments might be aggravated in getting to and from a railway. Close proximity to the city is also required for the efficient performance of the medical service, as that implies the daily visits of from four to twelve medical gentlemen, some of them being made in the night, and some at a sudden call. The surroundings are as favorable as they well could be in such a populous community. As a school of instruction, too, for which it has been justly distinguished, it has fully done its part in drawing to Philadelphia young men who are preparing to enter the profession. The parts of the almshouse, vacated by the paupers, the insane and the children, would furnish the desirable amount of room, and all that it could thus get would be none too much. But to fit it properly for its work, every floor should be relaid, the walls replastered and finished with putty coat, the interior arrangements made more convenient, an efficient method

of warming and a forced ventilation provided. Books, pictures, flowers and amusements should be introduced, not merely as a matter of ornamentation, but as a necessity—as an indispensable means for producing salutary mental influences. All these improvements will fall far short of the end in view, if the hospital is to be managed in the spirit of a pauper establishment. The paramount consideration must be, not how cheaply the patients can be kept, but how speedily they can be cured, and how far their sufferings can be alleviated.

No department of the almshouse has occasioned so much solicitude to the guardians and all others concerned in its management, as the lying-in-hospital. The number of women who came under its care during the year 1872, was 209. By the rules of the house they are required to stay fifteen months and nurse the children, but the rule is not unfrequently evaded. The best results of hospital care could not be expected from this class of persons, but after making every allowance on the score of constitution and habits, there is reason to believe that much of the sickness and death is produced by causes peculiar to the establishment. It is understood and admitted by medical men that the death-rate in lying-in hospitals is larger on the whole than it is in private practice. Their statistics show a vast difference among them in this particular, some of them showing a mortality much less than that of some private practice. During the last five years the average mortality at the Blockley has been one in twenty-two. Of the twenty-one hospitals, the statistics of which I have examined, not one shows so great a mortality as this, while in several the mortality has been less than one in two hundred. By statistics like these, by the testimony of the physicians, and by my own observation, I am led to the conclusion that the mortality would be greatly lessened under different arrangements. This conclusion will be strengthened by considering certain incidents and conditions of the hospital that bear directly on the health of its inmates.

In common with all establishments of the kind, it shares in the fatal results that flow from the congregation of large numbers passing through this notable process of nature. Puerperal fever, that scourge of lying-in hospitals, has frequently appeared within its walls, in its most appalling forms, carrying off, one year, one



in eighteen of all the patients under treatment. Its ravages were stayed by removing the women into the open grounds and sheltering them in sheds. Like other hospitals, too, this retains attached to its floors and ceilings, in some inscrutable manner, the germs of disease, ever ready, under favoring conditions, to be developed into some active form. Not a season passes in which this result is not apprehended, and frequently no amount of care can entirely prevent it.

In this as well as other departments, the old wretched policy has prevailed of employing paupers for nurses. Occasionally, a good one is thus obtained, but it needs little knowledge of human nature to perceive what kind of service can be expected from unpaid, or poorly paid, irresponsible women.

Besides the contagion of disease so active at the Blockley, there is contagion of another description, no less deplorable in its effects—that of vice. Lying-in hospitals are never schools of virtue, but if their inmates leave them morally worse than when they entered, we are bound to ask whether this sad result could not be prevented by some practicable change. Exposed as these women are, by lack of suitable means of classification, to others of their sex of the lowest morals, all of them more or less degraded by habits of intemperance, disease and sin, it would be little short of a miracle, if any one left without being all the more decidedly prepared to pursue the kind of life thus begun. And yet among these sinners are many in the very morning of life, more the victims of circumstance than the willing slaves of vicious propensities, anxious, if possible, to retrace their steps; but deserted and cast out, they readily yield to the wiles of temptation, especially when it comes in the shape of kindness and sympathy. These patients, at the end of the first month, if not before, should be sent to an establishment in the country, for the purpose of obtaining better sanitary conditions and shielding them from bad associations. For the others I am not sure that any change of location is practicable, even if desirable. The necessities of the case require close proximity to the city, and by the removal of some of the other departments sufficient room would be gained to prevent the evils of crowding, and permit a suitable classification. The interior of the house should be completely reconstructed, and better architectural arrangements provided for

meeting the varying conditions of the patients. The whole system of pauper nursing should be abolished, and a corps of reliable nurses employed at fair wages. These changes would unquestionably effect the saving of many lives, and every year they are delayed will only add so many more deaths to our charge.

There only remains to be considered that department of the almshouse called the Children's Asylum, averaging about one hundred inmates. It is composed of children sent from the obstetrical wards as soon as they are weaned, of those who come into the house at a later period and of foundlings. They are well cared for, and I doubt if much could be done *there* that would increase their comfort or prolong their lives. Their food is abundant and of the most suitable kind, and they have the best medical attendance and faithful nursing. And yet the mortality in the asylum is very large. It is no part of my purpose to dwell upon this fact. It will be enough for those who wish to learn its details to refer to the carefully prepared paper read two winters ago to the association by Dr. Parry of this city. From this we learn that while about thirty per cent. of all the children in Philadelphia, two years old and under, died, the mortality of the corresponding class in the asylum was over seventy-three per cent. During the last two or three years the death rate has lessened, but still it is much higher than it is in common life. This excessive mortality can be charged to no single cause, but results from a combination of adverse influences, and therefore the evil would not be abated by the removal of any one of them alone, some, indeed, being beyond all human reach. But it is clearly our duty to do what we can in this direction—to dispose of these children in the manner which has been satisfactorily shown to be most conducive to health. Among the things on this subject which may be regarded as settled, is this, that foundlings thrive better in the country, even when nursed by hand, than they do in the city, though in charge of wet nurses. Unquestionably, the best disposition of the asylum would be to place it in the country with room enough around it to afford ample play grounds, and give it the necessary seclusion. If, however, it should be concluded to keep it where it is, the building should be thoroughly reconstructed, and the apartments differently arranged.

That a change of some kind, if not precisely that here advo-



cated, in the disposal of our pauper classes, is needed, can scarcely be questioned, and it becomes only a matter of time. It would seem to need little argument to prove that the city cannot afford to keep its paupers on land worth one dollar the square foot. If a change of location is to be made, the sooner it is accomplished the better. The present buildings need extensive repairs to make them habitable, but it is money thrown away to lay it out on buildings soon to be abandoned. The Insane Department alone requires an immediate outlay of \$10,000 or \$15,000 on the roofs and floors, and as much more would be spent by any prudent landlord on other parts of the structure. There or somewhere else more patients must be provided for in order to meet the regular increase of the insane. The need of more room is as imperative now as it was two years ago when the new buildings were called for. To continue this crowding together of the insane, as is still done at Blockley, is simply to perpetrate a great crime against humanity. To ignore the fact and to be reckless of the consequences, is no better in point of morals, than it would be for a railway company to use a bridge after it had been pronounced defective and dangerous. Removing the insane, the children and the paupers proper, into the country, ample room, but none too much, would be obtained for the hospital, while the land outside the present inclosures could be put into the market, if not previously given away. It has been proposed to remove our paupers, of all descriptions, I suppose, to buildings erected for them on the grounds occupied by the House of Correction. I trust this project will be abandoned. Besides the sanitary and moral evils which make the association of such large numbers exceedingly objectionable, the House of Correction would render all the other departments disreputable. We could commit no greater breach of moral propriety than thus to place upon a single honest pauper, sane or insane, the stigma of crime.

The several departments should be entirely independent and distinct from one another. The bad hygienic effects resulting from the aggregation of large numbers within a very narrow compass, are obvious enough at the Blockley. It would be a criminal folly to repeat the evil. Each one should be in the immediate charge of an executive officer specially fitted for the duty, to whom all else should be obedient and responsible. The moral

atmosphere around each should be exclusively its own, beyond the reach of any other. It is impossible in the nature of men for any one person to administer the affairs of such heterogeneous bodies as those which compose our almshouse, controlling their various movements, harmonizing and reconciling conflicting tempers, and obtaining the best results of an efficient organization of the service. If other evidence of the fact were required, the experience of the Blockley would furnish it abundantly.

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#### DISCUSSION.

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*A Report of the Discussion on the Paper by Dr. Ray, read before the Social Science Association, held Thursday, March 27th, 1873.*

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After the paper had been read, Dr. Ruschenberg was called to preside.

(A member.) I would like to ask Dr. Ray whether he meant to be understood as actually saying the hospital was not furnished with means of really successful ventilation in the hospital wards?

Dr. Horatio C. Wood. Before Dr. Ray answers that question, I would ask whether he has ever been in the colored men's ward in the evening?

Dr. Ray. The ventilation furnished by the Blockley is precisely that, no more and no less than what is furnished by any house that has hot-air furnaces. The air passes over steam coils there, and the air thus obtained serves the purpose of warmth and ventilation, and if the air entered the wards by many registers, instead of one or two, the ventilation would be as efficient as any thing of the kind could well be. The coils are numerous, and there is a constant stream of fresh air, but still, all inefficient for the purpose, especially in the summer time, when the furnaces are not in operation; and in the cold days of April and October, when the doors are liable to be shut, and the windows too, and no fire in the furnaces, the air must necessarily be breathed over and over again. I have never breathed the air in the colored men's ward between seven and eight o'clock in the evening. It was enough for my purpose that I breathed it at other times. The colored wards do not even have the benefit of hot-air furnace ven-



tilation. They are warmed by common stoves, burning anthracite, and I dare say they often get very hot, as they do everywhere else. The only means of getting fresh air there is by opening the windows.

Dr. Wood. How high are the ceilings in that ward?

Dr. Ray. I suppose about eight feet. No hospital ceiling should be less than twelve.

Dr. Wood. How close are the beds together?

Dr. Ray. As close as they can be.

Those wards are unfit for the care of any sick people, but they are used solely for the reason that there is no other room for them; every other available spot being occupied. It is only the result of the crowded condition of the house. The house was not built with the intention of having the attics used for wards, consequently they were not furnished with flues for the admission of hot air from the furnaces.

Mr. Rosengarten. What will be gained by the use of the House of Correction?

Dr. Ray. I cannot see that anything would be gained. Very much would be lost and nothing gained by putting such different elements together.

Mr. Rosengarten. Has there been no coöperation between the guardians of the poor and the directors of the House of Correction?

Dr. Ray. I think not. The time has not yet come for that; as soon as it does they will let us understand what they can do.

(A member.) What proportion of people, inmates of the almshouse, should be taken over to the House of Correction?

Dr. Ray. All those, I suppose, who are engaged in manufacturing should be taken, and probably the whole class of vagrants. I am unable to speak very understandingly respecting the intentions of those who have the House of Correction in charge.

Dr. Ludlow. How many are really respectable paupers in the establishment? When I speak of respectable, I mean those who by reason of impaired health are unable to help themselves. I distinguish between vagrant and pauper. The pauper is one who commits himself to the care of the guardians of the poor; a vagrant is one who is picked up and committed to the county prison, from Saturday night to Monday morning, when the in-

spectors let him out, and he becomes transformed into a pauper by being carried over the river. So too, there ought to be a distinction between some other classes—for instance, there are many old men and old women who are really unable, on account of age and infirmity, to support themselves; then there are a great many who are vagrants, or paupers, just as it happens. When the weather is cold they commit themselves to the guardians of the poor, or rather they are picked up and sent there from the prison, and then they become paupers. The number of really respectable paupers in the establishment is comparatively few.

As to ventilation, the buildings were erected thirty-nine years ago. At that time it was considered a model institution. A hollow square was thought a very excellent feature; all that is changed now.

We have got to consider again, the tremendous increase in the population, and all its attendants, as compared with that of the present time, and then we have to take into consideration the fact, that the gentlemen who compose the Board of Guardians of the institution have thrown upon them a mass of people, with very inadequate means of accommodation. All these various wards are crowded, and those colored wards that have been spoken of this evening, which Dr. Ray had his particular attention directed to, were never intended for patients. The inmates do not consist entirely of blacks, but there is a board partition, on one side of which are the white convalescents, and on the other are the colored people; so there is virtually no distinction on account of color.

They are placed there for the very simple reason that the guardians can find no other place to put them in, but there is no opportunity in those wards for procuring better ventilation, except it may be in raising the window sash to a slight degree. There is nothing except what comes through the doors and windows.

As regards the other departments of the house, and I have had the pleasure of being re-elected attending physician of that establishment for many, many years, I can testify to the great improvement which has been made since I first knew it.

The system of ventilation that has been adopted is as efficient, so far as it goes, as it could be in a building of that kind constructed thirty-nine years ago. But in regard to the removal, that



is merely a matter of time, and the tax-payers of the city of Philadelphia are the ones to answer that question. For my own part, I think the sooner it is removed the better. As far as the almshouse, and the insane department; and the children's establishment are concerned, I believe fully the place for them is on a farm, so large that they can have plenty of air, and be well taken care of. At the same time there is an absolute necessity for having the city hospital for the city poor; where the poor man may not be done to death in taking him too great a distance. That is the most accessible point. It will undoubtedly have to be greatly remodelled to have it serve the purpose.

Dr. Wood. I cannot see that the colored wards not having been built to receive patients makes the position better, but rather worse; the disgraceful fact remains, that these wards are used for hospital purposes. The ward is not over twenty feet in width, with ceiling not more than eight feet in height, the beds crowded as closely as possible, and almost the only ventilation by means of little sliding windows, about two feet long and eighteen inches high. In the day-time the colored patients crowd around the closed stove used for heating the apartment, until the effluvia from their breaths and bodies fills the whole air with a peculiar, sickening odor. Many a time I have gone into those wards, in pursuance of my duty as physician there, and have been almost driven out of them by the stench. You cannot get patients suffering from phthisis or other lung complaints, to whom the slightest draft is almost death, you cannot get them, even on the clearest winter day, to open those little windows above their beds. I want it distinctly understood, that in these remarks I do not intend to throw any reflections on the Board of Guardians, who, as the executive of a system, have done all in their power to mitigate the sufferings caused by a radically wrong plan of organization and a scanty supply of funds; but I do say, that such an institution as our Philadelphia Hospital, or rather as Blockley Almshouse, with its swarm of unfortunate and vicious, of sane and insane, of pure and profligate, of sick and well, jumbled together and crowded into one heterogeneous mass, would be a disgrace to any civilized community.

Why, sir, not long since there was a commission sent over from the French government to investigate the charities of the United

States, and while they praised the institutions of other cities, they spoke with words of marked contempt of Blockley Almshouse. I conceive that there can be no plainer and more sacred duty of a community than that of taking care of its destitute, sick and poor; no greater mistake than that of confounding vicious idleness with the need that sickness may bring to any of the poor. Yet, practically, this is daily done in Philadelphia, and the poor man in the hour of sickness finds that he can only get relief by being received, clothed and labeled as a pauper. Entering perhaps for the first time such an institution in the Philadelphia Hospital, he finds himself classed as a pariah, and compelled to associate in the closest contact with the most vicious and profligate. No wonder that the honest poor of Philadelphia look upon being forced into such a hospital as the direst of calamities. No wonder that so many return time and again to the institution. It is no marvel that the destruction of self-respect, the contamination of vice, should convert the honest unfortunate into a vagrant and a tramp, when the custom, if not the law itself, judges sickness and criminal laziness as one.

To show the force of what I say, let me mention an incident: Through a series of unavoidable misfortunes, a thrifty laborer with whom I was acquainted had lost all his savings, when one day he received an injury. Not knowing at first that he was severely hurt, he did not go to the Pennsylvania Hospital within the prescribed twenty-four hours, and was forced to enter the Philadelphia Hospital. On going into my wards one day, I was astonished to see this man, and he on seeing me, with a look of pain, shrunk back, saying: "For God's sake, doctor, don't tell anybody that you saw me here." This very day a case came under my professional care at the University Dispensary, which shows how the poor suffer, and often die, for want of the needed assistance. The patient was originally injured by a fall from a scaffold, and was treated for a time, until crowded out of the wards, in the Pennsylvania Hospital. To-day he is crippled in both of his arms, probably for life, although under proper hospital care he would, I believe, have recovered.

I do not think I can express more strongly than I feel, the crying necessity that there is in this city for more hospital accommodation; the reason of this lack of accommodation is obvious. The



city has trebled itself within a comparatively short period of time. Our hospital beds to-day number scarcely more than they did thirty years ago. We have, it is true, largely increased in the number of hospitals, but they are nearly all very small. The need of new hospitals will, in a measure, be met by private charity, but individual beneficence will probably never suffice for the whole. The city must have a municipal hospital, unconnected with and uncontaminated by association with the workhouse—a hospital maintained purely and solely as such, where the poor man, or woman, or child, can always go, knowing that poverty and sickness are the only needful passports for admission.

J. R. Sypher said the paper as read presented these points for consideration: First, The establishment west of the Schuylkill is overcrowded. Secondly, There is lack of classification. The poor, the sick, the insane and the children, are included in what is substantially one building and under one government. Third, The excessive economy exercised in the management is inimical to the proper treatment of the several classes. This last is an unheard-of charge against a public institution; nevertheless it is easy to see how it may be hurtful. The paper suggests removal in such manner as to procure the proper classification—that is, so that the insane, the sick, the children and the poor may be provided for in separate establishments, each provided with facilities for the proper employment of the classes who would be benefited in body and mind by labor. A hospital for the sick and injured must be maintained on the present site.

This is a subject on which the public is not informed, and if by these efforts public attention is drawn to it, a good work will have been accomplished. The public should not be assailed but instructed.

John M. Whittall. About 1864 the guardians of the poor became dissatisfied with the ventilation of the institution, and the City Councils liberally granted means enough to thoroughly ventilate it, as far as it was capable thereof. The result has been that in the surgical wards the disease called pyemia has disappeared, as I have understood from the surgeons. One of the surgeons of one of the newest hospitals in the city, asked me why they were losing their patients. The hospital had been built within fifteen years, and yet when they had grave operations,

pyemia would take the patients off, and they would die in spite of all they could do. The mortality in our hospital has been very much decreased since the present ventilation was introduced. When we had relapsing fever, a couple of years ago, the mortality was very small among those who took it in the building at the time. There were a great many brought in from the city who died—being brought in in a dying state. There is no case on record where the disease was communicated to patients in the immediate vicinity of the sick, the ventilation being so perfect. In the medical wards, particularly in the second story, there was not a single case.

In relation to the colored ward up-stairs, the ventilation there is very good. It is true we have not fresh hot air, introduced from the chambers below, but we have a thorough ventilation there from below in the chimneys which run up. I have been in it a great many times—I made it my business to go there—and I must confess I never was offended by its bad odor. The house is entirely too small for the accommodation desired. The hospital has had an average of patients this winter, occupying beds of 700. At one time our whole population numbered 4,024; It is now down to 3,600, or about that, but the mortality has not been excessive. I was very much surprised to hear from Dr. Ray—I suppose that there is no doubt, but that he is correct—that the mortality was so very high among the children, and in the lying-in wards. I do not say it is not so, but I was very much surprised to hear it.

The ventilation, I would say in closing, is perfect, especially in the surgical wards, and in all portions of the house. In 1871 councils appropriated means to build an addition to the insane department, and at that time this matter of ventilation was attended to. There being about eight hundred patients in that department, they built two extensive wings, 116 feet by fifty feet, three stories high. They were built with reference to the system of ventilation that has been introduced into the other parts of the institution, and at this day, summer or winter, when you go into them, there is no effluvium, or unpleasant order, at all. You may go in there to-day and you will smell nothing but new wood. It has been built two years, and it is a wonder to the citizens. I know that the mortality of the house has been very small.



Dr. Wood. I would ask the member of the Board of Guardians for the precise figures as to the present mortality?

Mr. Collins. (A member of the Board of Guardians.) The house has now an average population of 3,600, and the average mortality in 1872 was 9.33 per cent—a little increased on account of having some cases of small-pox. That is the average.

Mr. Rosengarten. I heard Dr. Wood make some suggestion in respect to the statistical comparison of the number of beds here and in New York: Is not one solution of it that there are fewer wanted here. There, it is said, owing to the large number of tenement houses they need more room and space. But here they have more facilities; every man his own house. Is there anything in that?

Dr. Wood. There is no doubt but that a larger proportion of hospital accommodation is needed in New York than in Philadelphia. If you simply consider the difference in crowding in these two cities, you may say that three or four times as much is wanted in New York, but when you remember that we are a great manufacturing center, and that practically there is no hospital in the whole State of Pennsylvania, except in the far western portion, outside of the city of Philadelphia, and that the larger proportion of the people of the State are engaged in mining, working on railroads, and manufacturing occupations which are of necessity more or less dangerous, the differences of need in the two cities will be seen to be much less than at first sight. I think myself that we ought to have at least half of the hospital accommodation that New York has. Above all, let us have what we do have free from the taint of the workhouse.

If you leave out the medical wards of our almshouse there are not in the city of Philadelphia over 300 free hospital beds. What is that amongst so many?

J. G. Rosengarten. Is there not another matter to which the medical faculty can call attention? Is it not thought that these German, Episcopal, Jewish, Protestant and other separate hospitals are a detriment, and is there not a want which can only be supplied by special hospitals instead of these denominational hospitals?

Dr. Wood. Large hospitals are superior to small, in that they can be carried on at about two-thirds the proportional cost. On the other hand, owing to the crowding together of the sick

and the difficulties of ventilation, the mortality is certainly greater in them than in the smaller institutions. In order to combine the advantages of the two, hospitals are now built in such a way as to be a collection of small, distinct hospitals, connected generally by corridors with a central building, used for executive purposes. It is in this way that the new hospital of the University of Pennsylvania is being built. If it ever reaches its proposed size of six hundred beds, it will be formed of six distinct hospital buildings, spread over as many acres of ground, and simply joined to the central executive building by narrow corridors, furnished with air-tight iron doors. Another advantage of such a hospital is the fact that in it alone can be found all the appliances for the treatment of all forms of disease. In the University hospital, each medical specialty will have its proper place. Thus to-day there is nowhere in the city of Philadelphia properly arranged baths for the treatment of skin diseases; not even the rich can command the best appliances unless by leaving our city. To show the importance of this, I may mention, that the bathing apparatus attached to the skin ward of St. Thomas's hospital, London, is said to have cost \$10,000. Skin diseases, nervous diseases, eye, ear and all other special forms of human ills, will in the new hospital find the most approved methods of treatment, and it will be the only completely furnished general hospital in our city.

Mr. Whitall. I would like to make one more remark, in relation to the estimate of the Philadelphia hospital, made by gentlemen who have visited it from Europe. I know of several such, who said that they have nothing in Europe so well ventilated as the Philadelphia hospital. My attention was particularly called to the fact, from the circumstance of being very much interested in carrying through the ventilation, when these gentlemen were there.

Dr. Ludlow. I do not wish to occupy the attention of the audience, except to bring one suggestion before them. I see by the paper that to-morrow afternoon a committee of councils is to visit the grounds where the almshouse and hospital are located. I think it has been an opportune affair that this meeting has been held to-night, and that the citizens have been deliberating about this matter. They are going to make investigations as to the



removal of the hospital and the almshouse from that location. Now, sir, I think that this is one of the good things, at any rate, that we have done; that we have taken into consideration this matter. Unquestionably there is a necessity for removing the almshouse, and a necessity for retaining the hospital in that locality. I do not know of any better place where the wants of the city poor can be better attended to, and where they will not be subjected to the excessive hauling and jolting that will be necessary if the hospital is removed into the country. I say nothing in regard to the insane department, because as to that I think as almost every one else does, it ought to be removed far away into the country, where they can have all the adjuvants necessary for an establishment of that importance. They should be placed on a farm of at least 400 acres, where all the necessary appliances for making them comfortable can be procured, so that if not restored to a perfect state of health and a sound mental condition, their deplorable state can at least be much benefited.

J. G. Rosengarten moved that the thanks of the Association be tendered to Dr. Ray for his able paper, and that a copy be printed for distribution among the members, together with an abstract of the proceedings.

Carried.

Adjourned.

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The following is a list of the Papers read before the Association :

1871. *Compulsory Education.* By Lorin Blodget.  
*Arbitration as a Remedy for Strikes.* By Eckley B. Coxé.  
*The Revised Statutes of Pennsylvania.* By R. C. McMurtrie.  
*Local Taxation.* By Thomas Cochran.  
*Infant Mortality.* By Dr. J. S. Parry.
1872. *Statute Law and Common Law, and the Proposed Revision in Pennsylvania.* By E. Spencer Miller.  
*Apprenticeship.* By James S. Whitney.  
*The Proposed Amendments to the Constitution of Pennsylvania.* By Francis Jordan.  
*Vaccination.* By Dr. J. S. Parry.  
*The Census.* By Lorin Blodget.
1873. *The Tax System of Pennsylvania.* By Cyrus Elder.  
*The Work of the Constitutional Convention.* By A. Sydney Biddle.  
*What Shall Philadelphia Do with its Paupers?* By Dr. Ray.

# Philadelphia Social Science Association.

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Members and others interested in any of the subjects included in these Departments are requested to take part in their proceedings, and, for that purpose, to prepare papers on topics connected with the study of Social Science, so that they may be read and discussed at the stated public meetings of the Association. The members of the Association are requested to notify the Committee of the Department with which they wish to be especially connected.

By order of the Executive Committee,

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